

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**INTEREST AND DIVIDENDS TAX RETURN**For the CALENDAR year **2001** or other taxable period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo Day Year Mo Day Year

FOR DRA USE ONLY

Due Date for CALENDAR year is on or before April 16, 2002 or the 15th day of the 4th month after the close of the taxable period.

**STEP 1**  
**Please Print or Type**

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS		
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		

**STEP 2**  
**Entity Type & Mailing Information**

<input type="checkbox"/> ① INDIVIDUAL	<input type="checkbox"/> ③ PARTNERSHIP	} _____ % of NH Ownership Interest
<input type="checkbox"/> ② JOINT	<input type="checkbox"/> ④ FIDUCIARY	
<input type="checkbox"/> Check here if you would like your forms mailed to an address other than the above.		
Number & Street Address	City/Town	State Zip Code

**STEP 3**  
**Special Return Type**

<input type="checkbox"/> Initial Return: Date established residency... _____ Mo Day Year	<input type="checkbox"/> Amended Return: <b>DO NOT</b> use this form to report an IRS adjustment. See instructions.
<input type="checkbox"/> Final Return: Date abandoned residency... _____ Mo Day Year	
<input type="checkbox"/> Final Return Deceased taxpayer: SSN _____ Date of death _____	

**STEP 4****COMPLETE STEP 4, LINES 1 - 5 ON THE SECOND PAGE OF THIS RETURN BEFORE COMPUTING TAX****STEP 5**  
**Figure Your Net Taxable Income**

6 Gross Taxable Income (Page 2, Line 5).....	6		
7 Less: \$2,400 Individual, Partnership, and Fiduciary; \$4,800 Joint.....	7		
8 Adjusted Taxable Income (Line 6 less Line 7).....	8		
<input type="checkbox"/> Check here to be removed from mailing list			
9 Deduction for Contribution to Qualified Investment Capital Company (See instructions).....	9		
<input type="checkbox"/> Blind <input type="checkbox"/> Spouse Blind <input type="checkbox"/> 65 (or over) or disabled _____ <input type="checkbox"/> Spouse 65 (or over) or disabled _____			
10 Check the exemptions that apply above: Total number of boxes checked _____ x \$1,200= _____	10		
11 <b>Net Taxable Income</b> (Line 8 less Lines 9 and 10).....	11		

**STEP 6**  
**Figure Your Tax, Credits, Interest and Penalties**

12 <b>New Hampshire Interest and Dividends Tax</b> (Line 11 multiplied by 5%).....	12		
13 Payments: (a) Tax paid with Application for Extension..... 13(a)			
(b) Payment from 2001 Declaration of Estimated Tax..... 13(b)			
(c) Credit carryover from prior years..... 13(c)			
(d) Paid with original return (Amended returns only)..... 13(d)	13		
14 <b>Balance of Tax Due</b> (Line 12 less Line 13).....	14		
15 Additions to Tax: (a) Interest (See instructions)..... 15(a)			
(b) Failure to Pay (See instructions)..... 15(b)			
(c) Failure to File (See instructions)..... 15(c)			
(d) Underpayment of Estimated Tax (See instructions). 15(d)	15		

**STEP 7**  
**Balance Due or Overpayment**

16 <b>Total Balance Due</b> (Line 14 plus Line 15) Make check payable to: State of New Hampshire.....	16		
Enclose, but do not staple or tape, your payment with this return.			
17 <b>OVERPAYMENT</b> (Line 13 less Line 12 adjusted by Line 15, if applicable).. 17			
18 Amount of Line 17 to be applied to: (a) Your 2002 tax liability..... 18(a)			
(b) <b>Refund</b> - Please allow 12 weeks for processing..... 18(b)			

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Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_ Signature (in ink) of Paid Preparer Other Than Taxpayer \_\_\_\_\_

If joint return, **BOTH** husband & wife must sign, even if only one had income. Date \_\_\_\_\_ Preparer's Tax Identification Number \_\_\_\_\_ Date \_\_\_\_\_MAIL  
TO: NH DEPT OF REVENUE ADMINISTRATION  
DOCUMENT PROCESSING DIVISION  
PO BOX 2072  
CONCORD NH 03302-2072

Preparer's Address \_\_\_\_\_

City/Town, State, &amp; Zip Code \_\_\_\_\_

## STEP 4

**1 From Your Federal 1040 Income Tax Return: (Partnerships and Fiduciaries, See Instructions)**

(a) Interest Income. Enter the amount from Line 8(a) of your federal return..... 1(a)

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(b) Dividend Income. Enter the amount from Line 9 of your federal return..... 1(b)

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(c) Federal Tax Exempt Interest Income. Enter the amount from Line 8(b) of your federal return..... 1(c)

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(d) Subtotal Income [Sum of Lines 1(a), 1(b) and 1(c)]..... 1(d)

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## 2 List Actual Cash & Property Distributions From S-Corporations, Partnerships, and Fiduciaries:

Entity codes: 2="S" Corporations; 3=Partnerships; 4=Trusts or Estates; 5=Other

I ENTITY CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV DISTRIBUTION AMOUNT	
Total from supplemental schedule attached				

2 Total Distributions..... 2

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3 Subtotal Sum of Lines 1(d) and 2 .....	3
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4 List payers and amounts of interest and/or dividends NOT TAXABLE to NH included on Lines 1(a), 1(b), 1(c), and/or 2:

I REASON CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV NON-TAXABLE AMOUNT	
4(a) Subtotal of non-taxable income above (Sum of Column IV)			4(a)	
4(b) Total non-taxable from supplemental schedule (attached)			4(b)	
4(c) Non-taxable subtotal of Lines 4(a) and 4(b)			4(c)	
4(d) Part-year resident non-taxable pro-rata share			4(d)	

**4 Total Non-Taxable Amount** [Sum of Line 4(c) and Line 4(d)]..... 4(e)

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**5 Gross Taxable Income** [(Line 3 minus Line 4(e)). Enter This Amount on STEP 5, Line 6 of this return..... 5

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